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TOTAL CLAIMS							RATE		FEE		RATE	FEE
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TOTAL CHARGEABLE CLAIMS			7	minus 20= -			X\$ 9=			OR	X\$18 ≃	
NE	EPENDENT CL	AIMS	\	minus 3 =	• -	·		X40=		OR	X80=	
VI.	LTIPLE DEPEN	DENT CLAIM P	RESEN	<u> </u>			+13	35=		OR	+270=	•
H	the difference	in column 1 is	less th	an zero, enter	"0" in c	olumn 2 🏢	TO	ΓAL		-	TOTAL	800
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4 : Z		CLAIMS? REMAINING + AFTER AMENDMENT		PREVIO	EST BER XUSLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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ADDI-TIONAL

FEE:

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20."

*** The "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. TOTAL ADDIT. FEE